

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

Chawneey Girard

03/06/2015

(IN THE SPACE ABOVE ENTER THE FULL NAME(S) OF THE PLAINTIFF(S).)

Chawneey Girard

**18CV2026**

Complaint

v.

(Sgt) J Eckerson

under the

(Dep) Collao (Dr) Korob Kava (Doe) (Business Office)  
(LT) Murphy (Superintendent) Griffen Jane Doe  
(Co) Staples (Grounds Clerk) Wongsong Business Office  
(Dr) Bertinegna  
Defendant No. 1

Civil Rights Act, 42 U.S.C 1983

(Dr) Korob Kava

Jury Trial: Yes  No

(check one)

Defendant No. 3 (Dep) Collao

Defendant No. 4 (Co) Staples

Defendant No. 5 (Superintendent) Griffen

See Attached

(In the space above, enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write, "see attached," in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part 1. No addresses should be included here.)

(SGT) J. Eckerson

(Business Office) Joe

(Business Office) Jane Doe

(Grievance Desk) Wong Sang

(LT) Murphy

Parties in this complaint:

List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary:

Plaintiff: Name Chancy Gair  
ID # 11A1358J  
Current Institution Green Haven  
Address Stormville New York 12582

List all defendants' names, positions, places of employment, and the address where each defendant may be served/ Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Colac Diply of Programs Shield # N/A

Where Currently Employed Green Haven CF

Address Green Haven CF Po Box 4000

Stormville New York 12582

Defendant No. 2 Name Staples (Co) Shield # \_\_\_\_\_

Where Currently Employed Green Haven CF

Address Green Haven CF Po Box 4000

Stormville New York 12582

Defendant No. 3 Name (LT) Murphy Shield # \_\_\_\_\_

Where Currently Employed Green Haven CF

Address Green Haven CF Po Box 4000

Stormville New York 12582

(See Attached)  
(Dr) Bentvegin

Green Haven C.F. Po Box 4000  
Stormville New York 12582

(Greavee Clerk)

Wong Sung Green Haven C.F. Po Box 4000  
Stormville New York 12582

Joe Green Haven C.F. Po Box 4000  
Business Office Stormville New York 12582

Jane Doe Green Haven C.F. Po Box 4000  
Business Office Stormville New York 12582

(SGT) J Eckerson Green Haven C.F. Po Box 4000  
Stormville New York 12582

Defendant No. 4 Name Superintendent Griffen Shield # \_\_\_\_\_

Where Currently Employed Green Haven C.F.

Address Green Haven C.F. Po Box 4000

Stormville New York 12582

Defendant No. 5 Name (Dr) Korobkova ~~(Redacted)~~ Shield # \_\_\_\_\_

Where Currently Employed Green Haven C.F.

Address Green Haven C.F. Po Box 4000

Stormville New York 12582

Statement of claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates, and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

In what institution did the events giving rise to your claim(s) occur? Green Haven

C. F. Po.Box 4000 Stormville New York 12582

Where in the institution did the events giving rise to your claim(s) occur Redacted

The Medical Department and Locking location G-6-348

What date and approximate time did the events giving rise to your claim(s) occur? 8-30-2017

9-11-2017 12-28-2016 12-4-2017 12-27-2017 11-27-2017 12-12-2017 and more

Facts: Plaintiff suffered a left shoulder injury on 12-23-2014 and a stomach injury and a back injury as well prior to coming to Green Haven CF. The wounds became painful after the stay at this prison. Plaintiff asked Defendants Korobkova and Griffen on 9-26-2016 to receive MFT results to receive treatment see grievance 84-217-16 then was later denied Sick Call as a retaliation to this grievance see grievance 84-671-16 and still provider failed to treat him so plaintiff requested

A Prisoner Charge on 1-4-2017 Grievance # 85230-17 Due to the grievance Plaintiff was put in for a Medical exam and later given surgery on 2-23-2017 on his left shoulder. was hospitalized for two weeks, defendant KorobKorok would still fail to give medical permit to left shoulder in which Plaintiff would often get put on the wall for a Search during recreation and Plaintiff denied it see Grievance 86346-17 in which caused Plaintiff to receive permanent Damage See Medical Records 9-11-2017 in which Plaintiff has loss range of Motion. Further Plaintiff also had a Stomach Injury and was also denied medical Attention (See medical records from 12-23-2014 and 1-5-2014 where Plaintiff was diagnosed with these injuries and Plaintiff was denied, see grievances 88518-17 88698-18 88319-17 88519-17, 88241-17, 88420-17 85230-17 in which went to Superintendent, and he turned his back, Plaintiff received H-pylori. Due to not treating Stomach Injury (see medical records positive H-pylori) and Plaintiff still hasn't been treated. Due to the rest of the Complaint Plaintiff was retaliated on. Medical was inadequate and unprofessional vital in assessing for future sickness were not used to injuries: 9551st Diagnoses, deficiencies were normal Plaintiff was unable to obtain examination or care upon request.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Permanent loss of range of motion in L/Left shoulder

and H-pylori in Stomach Injury still haven't been treated for this disease that causes Cancer or given a permit that stops the potential risk of more damage when forced to Risk Search or Strip search for left shoulder.  
the fact that I haven't been treated yet for H-pylori could have not given any other results except positive and the failure to give CatScan loss of 20 Pounds in weight would show symptoms are sufficient I haven't been treated for Exhaustion of Administrative Remedies: Stomach Injury 8th amend and 14th denial of Access to Courts

The Prison Litigation Reform Act of 1995, 42 U.S.C. 1997e(a), requires that, "no action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes        No     ✓    

If YES, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Green Haven CF

P.O. Box 4000 Stormville New York 12582

If NO, why not? \_\_\_\_\_

N/A

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I put in a Article 78 concerning this and is awaiting the results of the filing and the Order to Show Cause I filed grievances already for a whole year.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

Relief:

State what you want the court to do for you. I want to be treated for Hyperic and be given a Permit for my left shoulder that states I can't put my hands over my head or around my back Due to loss of range of motion, I also want to be given Money Damages be paid from the Defendants for being Deliberately Indifferent causing these Injuries & Punitive Damages and Plaintiff will be treated for Stomach Injuries and Money for pain and suffering of \$50,000 Fifty thousand Dollars Seven thousand each Defendant Punitive Damages.

Previous Lawsuits :

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes  No

If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.

Parties to this previous lawsuit:

Plaintiff Cheney (Erard)

Defendants Tomas V. J. H., Anthony Alvarez, Henry Dugan, Abete Gilbar, Kenneth S. Shuttle

Court (if federal court, name the district; if state court, name the county) Northern

District Syracuse New York Syracuse County

Docket or Index number: 9:15-CV-0187

Name of Judge assigned to your case: N/A

Approximate date of filing lawsuit: N/A

Is the case still pending? Yes  No

If NO, give the approximate date of disposition: N/A

What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
N/A

Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

If your answer to C is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

Parties to this previous lawsuit:

Plaintiff Cheney Erard

Defendants State of New York Gruber

Court (if federal court, name the district; if state court, name the county) Pelham

Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure? Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claim(s)? Yes  No  Do Not Know \_\_\_\_\_

If Yes, which claim(s)? Medical Deliberate Indifference and Retaliation

Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose not cover some of your claim(s)? Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If Yes, Which claim(s)? Medical Deliberate Indifference, Retaliation

Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?  
Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? Yes  No \_\_\_\_\_

If you did file a grievance about the events described in this complaint, where did you file the grievance? Bren Phifer, Comstock CF, Auburn CF.

Which claim(s) in this complaint did you grieve? Medical Deliberate Indifference  
Retaliation and failure to protect

What was the result, if any? Defendant in this action also failed  
to process my grievances and wrongdoing and grievances were stayed

What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I appealed all the  
way to Co.R.C. and still haven't received  
a response, the problem is ongoing

If you did file a grievance, did you inform any officials of your claim(s)? Yes  No \_\_\_\_\_

If YES, whom did you inform and when did you inform them? Supintendent, Captain  
Dep of programs Colao, in Article 78 and grievances

Approximate date of filing lawsuit: NA

Is the case still pending? Yes  No

If NO, give the approximate date of disposition: WA

What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NA

Signed this 14 day of Feb, 20 18. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff: OJ

Inmate Number: 11A1352

Mailing Address: Greene Haven CF,

Box 4000  
Stormville New York

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury on this 54 day of Feb, 20 18, I will deliver this complaint to prison authorities to be mailed to the Pro SE Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Cherry Grand

## AFFIDAVIT OF SERVICE

STATE OF NEW YORK )  
                         )ss:  
COUNTY OF DUTCHESS )

Cheney Gandy, being duly sworn, deposes and says:

I am the above-mentioned defendant/petitioner and I have served a copy of the following papers:

1983 for Deliberate Indifference to Medical Attention, Insys's Failure to treat and Denial of treatment, and retaliation, failure to protect. with one copy

Upon the following party(ies):

United States District Court Southern District  
of New York Room 230

Daniel Patrick Moynihan United States Courthouse 500 Pearl Street  
New York, New York 10007

Placing the above in a post-paid envelope and depositing it in a United States Postal Service mailbox located at Green Haven Correctional Facility, Stormville, NY 12582 on the 21 day of Feb 6, 2018, as due and sufficient service.

Sworn to before me this

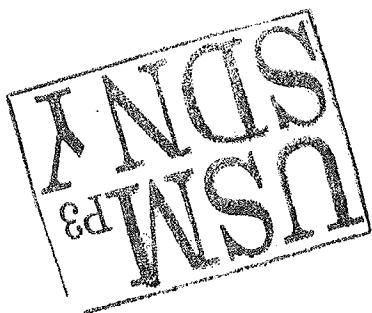
21 day of February, 2018

NOTARY PUBLIC



DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
OFFENDER CORRESPONDENCE PROGRAM

NAME: Chancy Givens DIN: 1A1352



Printed on Recycled Paper

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Adult Shakes Court 580 Pearl Street  
Adult District Attorney's Office  
Suffolk District of New York  
Adult Shakes District Court

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